



05-20-04

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/602,487
Filing Date	June 23, 2003
First Named Inventor	Daniel Castro
Group Art Unit	3738
Examiner Name	Jennifer Kolb Michener
Attorney Docket Number	50623.305

Total Number of Pages in This Submission 12

**ENCLOSURES (check all that apply)**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization<br><input checked="" type="checkbox"/> Postage Paid Return Postcard<br><input checked="" type="checkbox"/> Response (8 pages)<br><input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate)<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment (1 page)<br><input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References<br><input checked="" type="checkbox"/> Express Mail Label No. EV 337 974 122 US<br><input type="checkbox"/> Request for Corrected Filing Receipt (in duplicate)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal<br><input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)<br><input type="checkbox"/> Request for Continued Examination Transmittal (RCE)<br><input type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) ____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Request for Status of Application<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron R. Kerrigan, Reg. No. 44,826
Signature	
Date	May 18, 2004

**CERTIFICATE OF MAILING**

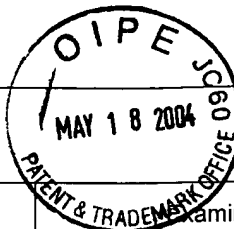
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 18, 2004

Typed or printed name Patricia Gamble

Signature

Date

May 18, 2004

**AMENDMENT TRANSMITTAL LETTER** (Large Entity)

Applicant(s): Daniel Castro et al.

Docket No.

**50623.305**

Serial No.

**10/602,487**

Filing Date

**June 23, 2003**

Examiner

**Jennifer Kolb Michener**

Group Art Unit

**1762**

Invention:

Method For Depositing A Coating Onto A Surface Of A Prosthesis

**TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

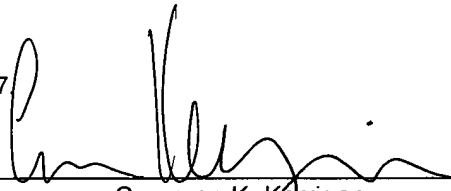
The fee has been calculated and is transmitted as show below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41	33	8	X \$18.00	\$144.00
INDEP. CLAIMS	2	3	0	X \$86.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$144.00

- ☐ No additional fee is required for amendment.
- ☒ Please charge Deposit Account No. **07-1850** in the amount of **\$144.00**  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. **07-1850**  
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17

Dated: May 18, 2004  
 Squire, Sanders & Dempsey L.L.P.  
 1 Maritime Plaza, Suite 300  
 San Francisco, CA 94111  
 (415) 954-0200

  
 Cameron K. Kerrigan  
 Reg. No. 44,826

cc: Docket:



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Daniel Castro et al.

Examiner: Michener, Jennifer Kolb

Serial No.: 10/602,487

Art Unit: 1762

Filed: 6/23/03

Title: Method For Depositing A Coating Onto A Surface Of A Prosthesis

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Response to Notice of Non-Compliant Amendment (37 CFR 1.121)**

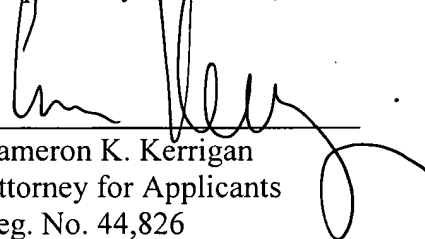
Dear Examiner Michener:

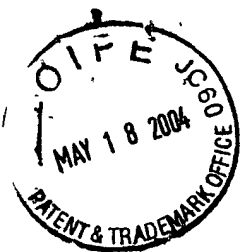
Enclosed is a second version of the response to the restriction requirement. Applicants are resubmitting the response so as to include the indication that claims 1-93 have been canceled. If there are any other deficiencies in the response, the Examiner is invited to call to undersigned attorney of record.

Date: May 18, 2004

Squire, Sanders & Dempsey L.L.P.  
One Maritime Plaza, Suite 300  
San Francisco, CA 94111  
Telephone (415) 954-0200  
Facsimile (415) 393-9887

Respectfully submitted,

  
Cameron K. Kerrigan  
Attorney for Applicants  
Reg. No. 44,826

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Daniel Castro et al.

Examiner: Michener, Jennifer Kolb

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Title: Method For Depositing A Coating Onto A Surface Of A Prosthesis

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P.O. Box 1450  
Alexandria, VA 22313-1450

**Response to Restriction Requirement and Amendment to the Claims**

Dear Examiner Michener:

Applicants would like to respond to the restriction requirement, without traverse, and amend the claims as indicated herein. Applicants do not believe that the amendment to the claims renders the application un-examinable for art unit 1762 or that obviates the restriction requirement imposed by the Examiner. Applicants believe that the restriction requirements applies equally to the claims presented herein. Accordingly, applicants elect **“moving both the dispenser and the stent.”** **Claims 94, 95, 96, 97, 98, 99, 100, 101, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133 and 134 are identified as being readable thereon.**

05/24/2004 HALI11 00000002 071850 10602487

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